N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

(Do not use this space.

REC'D APR 8 1938

File No. 12080

Registered No. 427

1. PLACE OF DEATH

County St. Louis

Registration District No. 784

Township ~~Normandy~~

Primary Registration District No. 200

City Pine Lawn, Mo. (No. ~~3718 Jennings rd.~~ Freeman Hosp. Ward)

2. FULL NAME Mary De Bord 163

(a) Residence, No. 2431 E. Williams, St. Ward. Decatur, Illinois (If nonresident, give city or town and State)

(Usual place of abode) Decatur, Ill.

Length of residence in city or town where death occurred yrs. mos. 5 ds. 10 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Franklin C DeBord.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): January 12 1860

7. AGE: Years 78 Months 1 Days 25 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: house-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: home

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

FATHER

13. NAME: W.E.Thomason.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown.

MOTHER

15. MAIDEN NAME: Nancy Mc Coy.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Franklin C. De.Bord 3718 Jennings Rd.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Valhalla Cem DATE Mar. 9/1938

19. UNDERTAKER (ADDRESS): Jos.W.Clark. 1125 Hodiamont Av.

20. FILED 3-8 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/7/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 3/2/37, 19, to 3/7/38, 19. I last saw her alive on 3/7/38, 19. Death is said to have occurred on the date stated above, at 2 AM m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Ulcerative and constricted, ascending colon, ca. ruptured and contents out in abdomen. Myo-cardial failure and peritonitis, general.

Other contributory causes of importance:

46

Name of operation: Date of:

What test confirmed diagnosis? opera-tion. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature], M. D.

(Address) 3718 Jennings Rd.